RADON SPECIALIST OR TECHNICIAN LICENSE APPLICATION

PER Title 180, Regulations for Control of Radiation, Chapter 11, Requirements for Radon and Radon Progeny Measurement and Mitigation Services.

me of Business Name of Supervisor		Dates Empi	Dates Employed	
EXPERIENCE: Name of Business	NI	omo of Superviser	Datos Essel	lovo-l
Attach a copy of your certificate or a	a letter of suc	ccessful completion	and a copy of your exam res	ults.
	Dates of Att	endance	Location	
TRAINING:				
E-Mail Address				
Telephone Numbers Home				
City				
Permanent Mailing Address				
Name		Social Se	curity #	
PART I. APPLICANT INFORMATION	N			
[] RENEWAL OF LICENSE NUME	BER			
[] NEW LICENSE				
*Licensee Assistance Program Fee TYPE OF LICENSE: (Check approp		1-017.01		
[] RADON MITIGATION TECHNI	CIAN	180 NAC 11-008	\$45.00 + \$1.00* = \$46.00	
[] RADON MITIGATION SPECIAL	LIST	180 NAC 11-007	\$45.00 + \$1.00* = \$46.00	
[] RADON MEASUREMENT TEC	HNICIAN	180 NAC 11-006	\$45.00 + \$1.00* = \$46.00	
[] RADON MEASUREMENT SPEC	CIALIST	180 NAC 11-005	\$45.00 + \$1.00* = \$46.00	<u> </u>
			Fee TOTAL	

Effective Date February 28, 200				
• Attach a copy of your re-	sume.			
EDUCATION: (If applicab	ole)			
College or University	Dates of Attendance	Primary Course of Study	Degree	
• Attach a copy of your tra	inscript.			
	PART II. CERTIFI	CATION		
and Radon Progeny Measur	rement and Mitigation Services	ce with 180 NAC 11, Requirement and all information contained here best of my knowledge and belief.		
Signature of Applicant		Date		
		e fee (See 180 NAC 11-017), with Iuman Services Regulation and I		
	Nebraska Radon P NDHHS-R&	•		

Nebraska Radon Program NDHHS-R&L P.O. Box 95007 301 Centennial Mall South Lincoln, NE 68509-5007

Omission of any of the required documents or incomplete information will delay review of your application and issuance of a license.